

1

24 hours after death. Page 1

by the attending physician and completely filled in by the funeral director. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1

VS A15 (4)  
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5645

CERTIFICATE OF DEATH

05640

Reg. Dist. No.

350

1. PLACE OF DEATH a. COUNTY <b>Worcester</b> <b>MARYLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Md.</b> b. COUNTY <b>Worcester</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Pocomoke</b>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Pocomoke</b>			
c. LENGTH OF STAY IN 1b <b>30 years</b>				4. DATE OF DEATH <b>May 10 19 56</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) <b>911 Clarke Ave.</b>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>JAMES W. BAILEY</b>				5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH <b>June 9, 1895</b> 9. AGE (In years last birthday) <b>60</b> yrs. IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Foreman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Penna. R. R.</b>			
11. BIRTHPLACE (State or foreign country) <b>Virginia</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>William R. Bailey</b>				14. MOTHER'S MAIDEN NAME <b>Anna Peacarr</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give year or dates of service) <b>None</b>				16. SOCIAL SECURITY NO. <b>717-07-9068</b> 17. INFORMANT <b>Lottie M. Bailey, Pocomoke, Md.</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION</b> <b>420.0</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b> <b>10 YEARS</b> DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>STRENUOUS WORK</b> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year <b>19</b> Hour a. m. <b>1</b> p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <b>Pocomoke City, Worcester, Md.</b>				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <b>FEB 11</b> , 19 <b>56</b> , to <b>MAY 10</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>MAY 10</b> , 19 <b>56</b> , and that death occurred at <b>7<sup>th</sup></b> P.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>C. Stanford Hamilton</b> M.D.				DATE SIGNED <b>Front St. Pocomoke City, Md. 5-11-56</b>			
PHYSICIAN'S NAME (Type) <b>C. Stanford Hamilton, M. D., Pocomoke, Maryland</b>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>5/13/56</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Salem Methodist Cem.</b>		22d. LOCATION (City, town, or county) (State) <b>Pocomoke, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Henry L. Watson</b> ADDRESS <b>Pocomoke, Md.</b>				24a. REC'D BY REGISTRAR <b>5/15/56</b>		24b. REGISTRAR'S SIGNATURE <b>Anne White</b>	

# STATE OF NEW YORK DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

BUREAU V. S.

MAY 15 1956

RECEIVED

5648

# CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		LENGTH OF STAY in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First)		(Last)		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, OR SEPARATED		8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS		18. SIGNATURE OF DECEASED		19. SIGNATURE OF WITNESS		20. SIGNATURE OF WITNESS	

<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>420.1 Immediate cause</p> <p>Antecedent cause(s)</p> <p>Diseases or conditions, if any, giving rise to the above cause, stating the <u>underlying cause last</u></p> </div> <div style="width: 45%;"> <p>(a) Coronary thrombosis</p> <p>(b) Coronary thrombosis &amp; pericarditis</p> <p>(c) Aortic aneurysm</p> </div> </div>										<b>INTERVAL BETWEEN ONSET AND DEATH</b> <p>2 days</p> <p>10 yrs</p>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.										<p>260X</p> <p>Diabetes mellitus + Acidosis</p> <p>24 yrs</p>			
<b>19a. DATE OF OPERATION</b>										<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>21. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>PLACE</b> (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		<b>(CITY OR TOWN)</b>		<b>(COUNTY)</b>		<b>(STATE)</b>					
<b>TIME</b> (Month) (Day) (Year) (Hour) (m.) <b>OF INJURY</b>		<b>INJURY OCCURRED</b> While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		<b>HOW DID INJURY OCCUR?</b>									

22. I hereby certify that I attended the deceased from Jan, 1952, to May 25, 1957, that I last saw the deceased alive on May 25, 1956, and that death occurred at 3 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
<u>[Signature]</u>			

23. BURIAL, CREMATION or REMOVAL (Specify)	DATE 5/27/56.	NAME OF CEMETERY OR CREMATORY Haverhill	LOCATION (City, town, or county) (State) Berlin Md.
DATE REC'D BY LOCAL REG. 5/28/56	REGISTRAR'S SIGNATURE Helen F. Hayward	24. FUNERAL DIRECTOR Peter Whaley Delaney	ADDRESS

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MAY 31 1956

RECEIVED

216

216

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 5650 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

056420  
350

Reg. Dist. No.

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Worcester</b> <span style="float: right;">MARYLAND</span> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>RURAL Pocomoke City</b> <span style="float: right;">28 years</span> c. LENGTH OF STAY IN 1b <b>28 years</b> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> <span style="float: right;">b. COUNTY <b>Worcester</b></span> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>RURAL Pocomoke City</b> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Ethel</b> Middle <b>R.</b> Last <b>Brittingham</b>			<b>4. DATE OF DEATH</b> Month <b>May</b> Day <b>23</b> Year <b>1956</b>		
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
<b>8. DATE OF BIRTH</b> <b>October 17, 1903</b>		<b>9. AGE</b> (In years last birthday) <b>52 yrs.</b>		<b>10. IF UNDER 1 YEAR</b> Months <b>23</b> Days <b>23</b> Hours <b>19</b> Min. <b>56</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Virginia</b>		
<b>11. BIRTHPLACE</b> (State or foreign country) <b>USA</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		
<b>13. FATHER'S NAME</b> <b>Charles Reynolds</b>			<b>14. MOTHER'S MAIDEN NAME</b> <b>Mary S. Smith</b>		
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT</b> Address <b>Allan H. Brittingham, Pocomoke City, Md.</b>	
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Suicide by Strangulation</b> DUE TO (b) <b>2 Tight Tie around the neck</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Emotional nervous trouble</b>					
<b>20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)			
<b>20c. TIME OF INJURY</b> Month, Day, Year <b>May 23, 1956</b>		<b>20d. INJURY OCCURRED</b> White at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.) <b>Home</b>	
<b>20f. (City or town)</b> <b>Pocomoke</b>		<b>20g. (County)</b> <b>Worcester</b>		<b>20h. (State)</b> <b>Md.</b>	
<b>21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>.</b>					
<b>ACTUAL SIGNATURE</b> <b>N. E. Sartorius Sr.</b>			<b>CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/>		
<b>EXAMINER'S NAME (Type)</b> <b>N. E. Sartorius, Sr., M.D.</b>			<b>ASSISTANT MEDICAL EXAMINER</b> <input type="checkbox"/>		
<b>DEPUTY MEDICAL EXAMINER</b> <input checked="" type="checkbox"/>			<b>DATE SIGNED</b> <b>5/24/56</b>		
<b>22a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>22b. DATE THEREOF</b> <b>May 26, 1956</b>		<b>22c. NAME OF CEMETERY</b> <b>St Andrew Episcopal</b>	
<b>22d. LOCATION (City, town, or county)</b> <b>Princess Anne, Maryland</b>		<b>22e. (State)</b>			
<b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Henry A. Watson</b>			<b>ADDRESS</b> <b>Pocomoke, Md.</b>		
<b>24a. REC'D BY REGISTRAR</b> <b>MAY 28 1956</b>		<b>24b. REGISTRAR'S SIGNATURE</b> <b>None White</b>			

TO PREPARE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please explain in writing the cause of delay, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral home. Page 4 should be retained by the funeral home. Page 5 may be retained for your records. The funeral home should file this certificate with the registrar prior to burial, cremation, or removal.



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. S.

MAY 28 1956

RECEIVED

5649

## CERTIFICATE OF DEATH

Reg. Dist. No.

351

1. PLACE OF DEATH a. COUNTY <u>Worcester</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Md</u> b. COUNTY <u>Worcester</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Stockton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Stockton</u> X	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <u>none</u> Middle <u>none</u> Last <u>Blake</u>		4. DATE OF DEATH <u>May</u> Month <u>27</u> Day <u>19</u> Year <u>56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 24 '56</u>
9. AGE (In years last birthday) yrs. <u>2</u> Months <u>16</u> Days <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Stockton, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Richard Henry Collins</u>		14. MOTHER'S MAIDEN NAME <u>Keith Eva Blake</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Annice Blake</u>		Address <u>Stockton, Md</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage - from cord.</u> 760.0 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Tracheal tying or unassisted shrinking cord</u> DUE TO (c) <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Mother &amp; family did not call doctor for after feeding</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>5:00</u> p. m. <u>19</u>	20d. INJURY OCCURRED While <input checked="" type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>after death</u> to <u>1956</u> , that I last saw the deceased alive on <u>May 28, 1956</u> , and that death occurred at <u>5:00 P.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>N.E. Sartorius</u> M.D.		ADDRESS (Street, city or town, state) <u>Pocomoke City, Md</u>	
PHYSICIAN'S NAME (Type) <u>N.E. Sartorius</u>		DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF <u>May 28, 1956</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	22d. LOCATION (City, town, or county) (State) <u>Stockton, Md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne E. Smith, Snow Hill, Md</u>		24a. REC'D BY REGISTRAR <u>Wayne E. Smith</u>	24b. REGISTRAR'S SIGNATURE <u>Wayne E. Smith</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 of this certificate must be filed with the hospital or attending physician. The low requires that the death certificate be executed within 24 hours after death. Page 4 of this certificate must be filed with the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DECEASED

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

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PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

BUREAU V. 8

MAY 31 1956

RECEIVED



5651

## CERTIFICATE OF DEATH

Reg. Dist. No.

351

1. PLACE OF DEATH a. COUNTY <u>Worcester</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Md</u> b. COUNTY <u>Worcester</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Stockton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Stockton</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <u>Eva</u> First <u>Lee</u> Middle <u>Brown</u> Last		4. DATE OF DEATH Month <u>May</u> Day <u>20</u> Year <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 29th 1892</u>
9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (State or foreign country) <u>Woodbury, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Thomas Savage</u>		14. MOTHER'S MAIDEN NAME <u>Gertrude Elizabeth White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Russell Angelot Brown</u> Address <u>(husband)</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Atherosclerosis</u> <u>420.1</u> DUE TO <u>Cardio Vascular disease</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Second</u> DUE TO <u>years</u> (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pneumonia. 3 weeks ago</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Dead at home</u> <u>19</u> , that I last saw the deceased alive on <u>May 14</u> , 19 <u>56</u> , and that death occurred on <u>May 20</u> , 19 <u>57</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Pocomoke City, Md.</u> DATE SIGNED <u>May 25, 1957</u>			
ACTUAL SIGNATURE <u>R. F. Sartorius</u> M.D.			
PHYSICIAN'S NAME (Type) <u>R. F. Sartorius</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>5-25-56</u>	22c. NAME OF CEMETERY OR CREMATORY <u>MT. Hope</u>	22d. LOCATION (City, town, or county) (State) <u>Pocomoke, Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar Whorton</u> ADDRESS <u>New Church, Md.</u>		24a. REC'D BY REGISTRAR <u>May 25, 1957</u> 24b. REGISTRAR'S SIGNATURE <u>Elmer E. Cooper</u>	

TO BE SIGNED BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 must be filed with the hospital or attending physician. The low requires that the death certificate be executed within 24 hours after death. Page 4 must be filed with the hospital or attending physician.

TO BE SIGNED BY REGISTRAR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. S.

JUN 7 1956

RECEIVED

5652

CERTIFICATE OF DEATH

05644

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>WORCESTER</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MD.</u> b. COUNTY <u>WORCESTER</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>BERLIN</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>BERLIN</u>			
c. LENGTH OF STAY IN 1b <u>10 yrs.</u>				d. STREET ADDRESS <u>NORTH MAIN</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>DORRIS ALV GATA BURBAGE</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>30</u> Year <u>1956</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>NOV</u>	
9. AGE (In years last birthday) <u>39</u> yrs.		IF UNDER 1 YEAR: Months <u>3</u> Days <u>30</u> Hours <u>30</u> Min <u>00</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN BUSINESS</u>	
11. BIRTHPLACE (State or foreign country) <u>SELBYVILLE, DEL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>EDWARD LONG</u>		14. MOTHER'S MAIDEN NAME <u>JENNIE K. HUDSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Address <u>MR. JOHN HOWARD BURBAGE BERLIN MD</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, generalized (started in etc.)</u> <u>180X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>2 yrs</u> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				21. I certify that I attended the deceased from <u>1954</u> to <u>5-30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>56</u> , and that death occurred at <u>1:15 P.M.</u> from the causes and on the date stated above.			
21. I certify that I attended the deceased from <u>1954</u> to <u>5-30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>56</u> , and that death occurred at <u>1:15 P.M.</u> from the causes and on the date stated above.				ADDRESS (Street, city or town, state) <u>Willards Maryland</u> DATE SIGNED <u>5-30-56</u>			
ACTUAL SIGNATURE <u>Frank R. Lewis</u> M.D.				PHYSICIAN'S NAME (Type) <u>Frank R. Lewis</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>JUNE 1, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS</u>		22d. LOCATION (City, town, or county) (State) <u>BERLIN MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Anna A. Burbage Berlin Ind</u>				24a. REC'D BY REGISTRAR DATE <u>5/30/56</u>		24b. REGISTRAR'S SIGNATURE <u>Helen G. Hayward</u>	

TO HOSPITAL OR FUNERAL HOME: This certificate has been signed by the attending physician and completely filled out by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED

JUN 1956

BUREAU V. 8

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4  
 TO BE COMPLETED BY THE HOSPITAL OR ATTENDING PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# BALTIMORE STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5653

## CERTIFICATE OF DEATH

05645

Reg. Dist. No.

351

1. PLACE OF DEATH a. COUNTY <b>Worcester</b> <b>MARYLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Worcester</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>RURAL Stockton</b>				c. LENGTH OF STAY IN 1b <b>life</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>RURAL Stockton</b>			
d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Isaac</b> Middle <b>J.</b> Last <b>Hancock</b>				4. DATE OF DEATH Month <b>May</b> Day <b>13</b> Year <b>19 56</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 18, 1864</b>	9. AGE (In years last birthday) <b>92</b> yrs.	IF UNDER 1 YEAR Months <b>13</b> Days <b>19</b> Hours <b>56</b>	IF UNDER 24 HRS Months <b>13</b> Days <b>19</b> Hours <b>56</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waterman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Oyster</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John H. Hancock</b>				14. MOTHER'S MAIDEN NAME <b>Elizabeth Redden</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Mrs Samuel L. Tarr, Stockton, Maryland</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> 4. DUE TO <b>Cardiac De-compensation</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>De-generative Heart Disease, 10 yrs</b> (c) <b>Senility</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Senility</b>							INTERVAL BETWEEN ONSET AND DEATH <b>37 months</b>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. s. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>April 1, 1956</b> to <b>May 13, 1956</b> , that I last saw the deceased alive on <b>May 13, 1956</b> , and that death occurred at <b>4:10 P.M.</b> from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>Charles W. Trader</b> M.D.				ADDRESS (Street, city or town, state) <b>Pocomoke City, Md.</b> DATE SIGNED <b>4-15-56</b>			
PHYSICIAN'S NAME (Type) <b>Charles W. Trader, M.D.</b>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>May 16, 1956</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Porterville M.E. Cemetery, Porterville, Maryland</b>		22d. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Henry W. Watson</b>				ADDRESS <b>Pocomoke, Md.</b>		24a. REC'D BY REGISTRAR <b>Clayton Cooper</b>	
				24b. REGISTRAR'S SIGNATURE			



UNITED STATES

MAY 1964

RECEIVED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 5654 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05646  
350

Reg. Dist. No.

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Worcester</u> <span style="float: right;">MARYLAND</span>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Worcester</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke City</u> <span style="float: right;">RURAL</span>		c. LENGTH OF STAY IN lb <u>45 yrs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL Pocomoke City</u>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS			
<b>3. NAME OF DECEASED</b> (Type or print) <span style="float: right;">First Middle Last</span> <u>Esley T. Mariner</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>May 31 1956</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED</b> <input checked="" type="checkbox"/> <b>NEVER MARRIED</b> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Feb 27, 1889</u>			
<b>9. AGE</b> (in years last birthday) <u>67 yrs.</u>		<b>IF UNDER 1 YEAR</b> Months Days Hours Min.		<b>IF UNDER 24 HRS</b> Hours Min.			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Virginia</u>			
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>				<b>13. FATHER'S NAME</b> <u>William D. Mariner</u>			
<b>14. MOTHER'S MAIDEN NAME</b> <u>Charlotte Ailsworth</u>				<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>			
<b>16. SOCIAL SECURITY NO.</b> <u>213-05-201</u>		<b>17. INFORMANT</b> Address <u>Mrs Effie A. Mariner, Pocomoke, Md.</u>					
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c)] <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)</b>  <u>4:00.1</u>            DUE TO            Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.            (b) <u>Crowning</u>            (c) <u>Hypertensive Vascular Disease</u> </div> <div style="width: 50%;"> <b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>Instant</u> </div> </div>							
<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)</b>							
<b>20a. EXTERNAL CAUSE WAS PRIMARY</b> <input type="checkbox"/> <b>OR CONTRIBUTING</b> <input type="checkbox"/> <b>CAUSE OF DEATH.</b>		<b>20b. DESCRIBE HOW INJURY OCCURRED</b> (Enter nature of injury in Part I or Part II of item 18.)					
<b>20c. TIME OF INJURY</b> Month, Day, Year Hour a. m. p. m. <u>19</u>		<b>20d. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.)			
<b>20f. (City or town)</b> (County) (State)		<b>21. I certify that I took charge of the remains described above, held an Autopsy</b> <input type="checkbox"/> <b>Inspection</b> <input type="checkbox"/> <b>Inquiry</b> <input type="checkbox"/> <b>and find that death resulted from:</b> Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>					
<b>ACTUAL SIGNATURE</b> <u>N. E. Sartorius M.D.</u>		<b>CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/>		<b>DATE SIGNED</b> <u>5/31/56</u>			
<b>EXAMINER'S NAME (Type)</b> <u>N. E. Sartorius</u>		<b>M.D. DEPUTY MEDICAL EXAMINER</b> <input checked="" type="checkbox"/>					
<b>22a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>22b. DATE THEREOF</b> <u>June 3, 1956</u>		<b>22c. NAME OF CEMETERY OR CREMATORY</b> <u>Baptist Cemetery</u>			
<b>22d. LOCATION (City, town, or county)</b> <u>Pocomoke City, Maryland</u>							
<b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Henry H. Watson</u>		<b>ADDRESS</b> <u>Pocomoke, Md.</u>		<b>24a. REC'D BY REGISTRAR</b> <u>JUN -</u>			
<b>24b. REGISTRAR'S SIGNATURE</b> <u>Shave White</u>							

MEDICAL CERTIFICATION

TO JUDGE OF THE COURT: This certificate should be executed within 24 hours after death. If any, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral home. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

U.S. AIR FORCE

JUN 4 1950

RECEIVED

5646

## CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH a. COUNTY <b>Worcester</b> <b>MARYLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Worcester</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Pocomoke City</b>		c. LENGTH OF STAY IN 1b <b>Life</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Pocomoke City</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>904 Walnut Street</b>				d. STREET ADDRESS <b>904 Walnut Street</b>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF <b>Susie</b> First <b>E.</b> Middle <b>Messick</b> Last				4. DATE OF DEATH Month <b>May</b> Day <b>1</b> Year <b>19 56</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 30, 1874</b>		9. AGE (In years last birthday) <b>81</b> yrs.	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 HRS Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>George T. Collins</b>				14. MOTHER'S MAIDEN NAME <b>Elizabeth Powell</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Miss Myra Messick, Pocomoke City, Md.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Paralysis of throat</b> DUE TO <b>Hypertension</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Chronic basaloid carcinoma</b> DUE TO (c) <b>Chronic basaloid carcinoma</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Two days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Small with spinal lesion - 2 yrs ago</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)		20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <b>Pocomoke City, Md.</b>		20g. (County) <b>Worcester</b>		20h. (State) <b>Md.</b>	
21. I certify that I attended the deceased from <b>Dec 9th 1954</b> to <b>April 30 1956</b> that I last saw the deceased alive on <b>Dec 12 1956</b> , and that death occurred at <b>Pocomoke City, Md.</b> from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>N. E. Sartorius, Sr.</b>		ADDRESS (Street, city or town, state) <b>Pocomoke City, Md.</b>		DATE SIGNED <b>5/4/56</b>		SIGNATURE <b>Anne White</b>	
PHYSICIAN'S NAME (Type) <b>N. E. Sartorius, Sr.</b>		22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>5-3-56</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Baptist Cemetery</b>	
22d. LOCATION (City, town, or county) <b>Pocomoke City, Maryland</b>		22e. (State) <b>Md.</b>		22f. (County) <b>Worcester</b>		22g. (City or town) <b>Pocomoke City, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Henry H. Watson</b>		ADDRESS <b>Pocomoke, Md.</b>		24a. REC'D BY REGISTRAR <b>5/4/56</b>		24b. REGISTRAR'S SIGNATURE <b>Anne White</b>	

TO REGISTER: The law requires that the death certificate be executed within 72 hours after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

NOV 4 1911

RECEIVED



# CERTIFICATE OF DEATH

Reg. Dist. No.

350

5647

1. PLACE OF DEATH a. COUNTY <u>Worcester</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Worcester</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke City</u>		c. LENGTH OF STAY IN 1b <u>Life</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <u>Matthew</u> First <u>Purnell</u> Middle <u>Purnell</u> Last		4. DATE OF DEATH <u>May 31</u> 19 <u>56</u> Month <u>May</u> Day <u>31</u> Year <u>1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 22 - 1898</u> 57 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Richard Holland</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Purnell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>219-7-1635</u>	
17. INFORMANT <u>Obesity</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Obesity</u> DUE TO <u>Maternal obstruction</u> Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause last. DUE TO <u>Obesity</u> DUE TO <u>Obesity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Obesity</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Hospital refused</u>	
20c. TIME OF INJURY Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>5/22</u> 19 <u>56</u> , to <u>May 31</u> 19 <u>56</u> , that I last saw the deceased alive on <u>May 30</u> 19 <u>56</u> , and that death occurred at <u>Pocomoke City</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>N. E. Sartorius</u>		DATE SIGNED <u>May 31/56</u>	
PHYSICIAN'S NAME (Type) <u>N. E. Sartorius</u>		M.D. <u>Pocomoke City</u>	
22a. BURIAL, CREMATION, DISMOWAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>6-4-56</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Halls Hill</u>	22d. LOCATION (City, town, or county) (State) <u>Pocomoke Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar Wharton - New Church</u>		24a. REC'D BY REGISTRAR DATE <u>6/4/56</u>	24b. REGISTRAR'S SIGNATURE <u>Anne White</u>

BUREAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05649

## 5655 CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Worcester</i>		MARYLAND		STATE <i>md</i>		COUNTY <i>Worcester</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Snow Hill</i>		LENGTH OF STAY (In this place) <i>80 yrs</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Snow Hill</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
<i>Sarah E. Richardson</i>				<i>May 7 1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS
<i>Female</i>	<i>White</i>	<i>Widowed</i>	<i>July 5-1871</i>	<i>84 10/2 yrs.</i>	Months	Days	Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>		11. BIRTHPLACE (State or foreign country) <i>Newark md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Benjamin Twigg</i>				14. MOTHER'S MAIDEN NAME <i>Leah Baston</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unit) (If Yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT & ADDRESS <i>Mr Harry W Richardson</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
443X IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)				<i>Pulmonary Edema - acute</i> <i>Hypertensive Cardiovascular disease</i> <i>Right Hemiplegia - Cerebral vascular accident</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>5 yrs</i> <i>one day</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Same</i> , 19 <i>50</i> , to <i>May 7</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>May 6</i> , 19 <i>56</i> , and that death occurred at <i>3:30 P.M.</i> , from the causes and on the date stated above.							
SIGNATURE <i>John L. L. L.</i>				ADDRESS (Street, city, town, state) <i>M.D. 104 Bay St - Snow Hill</i>			
DATE <i>May 9/56</i>				DATE SIGNED <i>5/7/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>May 9/56</i>		<i>St. Olive Cemetery</i>		<i>Snow Hill, Worcester Co. md</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>May 9, 1956</i>		<i>Clara E. Cooper</i>		<i>May E. Danner</i>		<i>Snow Hill, md</i>	

INSTRUCTIONS

I

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M



5656

## CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Worcester</i>		MARYLAND		STATE <i>md</i>		COUNTY <i>Worcester</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Snow Hill</i>		<i>7 yrs</i>		TOWN <i>Snow Hill</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <i>R.</i> (Middle) <i>Scott</i> (Last) <i>Ritchie</i>				(Month) <i>May</i> (Day) <i>21</i> (Year) <i>1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>Male</i>	<i>White</i>	<i>Widowed</i>	<i>June 20-1865</i>	<i>100/11/1</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Retired Farmer</i>		<i>Own Farm</i>		<i>Salisbury, md</i>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>George Ritchie</i>				<i>Mary Kelly</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or not.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
<i>No</i>				<i>None</i>			
17. INFORMANT & ADDRESS							
<i>Miss Malinda Ritchie</i>				<i>Snow Hill, md</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A)				INTERVAL BETWEEN ONSET AND DEATH			
<i>Acute Pulmonary Edema</i>				<i>1 day</i>			
ANTECEDENT CAUSE(S) DUE TO							
<i>Congestive Cardiac Failure</i>				<i>1 yr</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
DUE TO							
<i>Myocardial Insufficiency</i>				<i>2 yrs</i>			
DUE TO							
<i>Longstanding Terminal - Massive</i>				<i>15 yrs.</i>			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1946</i> , 19....., to <i>May 21</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>May 19</i> , 19 <i>56</i> , and that death occurred at <i>2:50 PM</i> , from the causes and on the date stated above.							
SIGNATURE		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town or county) (State)	
<i>Robert L. Lamer</i>		<i>May 23/56</i>		<i>Whitaker Cemetery</i>		<i>Snow Hill, md</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		24. REC'D BY REGISTRAR		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>Burial</i>		<i>Chas. E. Cooper</i>		<i>May 23/56</i>		<i>Snow Hill, md</i>	
DATE <i>May 24, 1956</i>							

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10A



# CERTIFICATE OF DEATH

6756

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

BUREAU V. A.

JUN 2 1956

RECEIVED

5657

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH a. COUNTY <u>Worcester</u> MARYLAND		2. USUAL RESIDENCE (where deceased lived. If institution, residence before admission) a. STATE <u>Md</u> b. COUNTY <u>Worcester</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke City</u>		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <u>Salas Calvin</u> First Middle Last		4. DATE OF DEATH Month <u>May</u> Day <u>31</u> Year <u>1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 15-1871</u> 84 yrs.
9. AGE (In years last birthday)		10. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Local Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Worcester</u>	
11. BIRTH PLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Abraham Sturgis</u>		14. MOTHER'S MAIDEN NAME <u>Katie Purcell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>1-10-10-10-10-10</u>	
17. INFORMANT <u>Calvin Sturgis</u> Address <u>Pocomoke City Md</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u> 334X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>May 20</u> , 19 <u>56</u> , to <u>May 31</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 30</u> , 19 <u>56</u> , and that death occurred at <u>11:00</u> A.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>N. E. Sartorius</u> M.D.		ADDRESS (Street, city or town, state) <u>Pocomoke City Md</u> DATE SIGNED <u>5/31/56</u>	
PHYSICIAN'S NAME (Type) <u>N. E. Sartorius</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	22b. DATE THEREOF <u>6-3-56</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Halls Hill</u>	22d. LOCATION (City, town, or county) (State) <u>Pocomoke Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar Wharton - New Church, Ch.</u> ADDRESS		24a. REC'D BY REGISTRAR <u>6/4/56</u> DATE	24b. REGISTRAR'S SIGNATURE <u>Anne White</u>

MEDICAL CERTIFICATION

TO HOSPITAL: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be used by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

2025

NEW YORK STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

RECEIVED

JUN 9 1956

RECEIVED